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ABSTRACT

This document contains an annual report on Illinois' Community Care Program (CCP), a program which provides in-home and other support services to help older persons to remain living at home and avoid premature institutionalization. Three levels of care provided by the CCP are described: (1) chore housekeeping, consisting of basic household tasks such as cleaning floors; (2) homemaker services, including personal care tasks, and more complex household tasks; and (3) adult day care. Other services which support the CCP are discussed, including case management, toll-free information and referral systems, and nursing home prescreening. The history of the Community Care Program since its inception in 1979 is briefly reviewed. The CCP's commitment to high quality service is discussed in the areas of a quality assurance program; the emphasis placed on training; case management standards; CCP rules; and demonstration projects concerned with special programming for victims of Alzheimer's Disease, skilled nursing and home health care, and companion and supervision services. (NB)

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Community Care

Annual Report to the Governor and the Illinois General Assembly on Public Act 81-202

Fiscal Year 1986

September, 1986

CG 019814

The Community Care Program makes a difference

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State of Illinois

Janet S. Otwell, Director
Department on Aging

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DEPARTMENT ON AGING
421 EAST CAPITOL AVENUE
SPRINGFIELD 62701

JANET S. OTWELL
DIRECTOR

August 28, 1986

The Honorable James R. Thompson
Governor, State of Illinois
and
Members of the 84th General Assembly
State House
Springfield, Illinois 62706

Dear Governor Thompson and Members of the General Assembly:

Thanks to the continued support of the Governor and the General Assembly - the citizens of Illinois can be proud of the services available to frail elderly individuals living in our State! Through the Community Care Program (CCP), one of the largest in-home services programs in the nation, eligible individuals can receive the assistance necessary to help them to remain living at home.

The past year has been characterized by continued interest in ensuring that CCP clients receive high quality services. Together, the Department and a Task Force have developed a Quality Assurance Program. Your recognition of the need to support the dynamic needs of the elderly has led to the development of new services currently offered on a pilot basis at a variety of locations throughout the State. New services include home health aide, skilled nursing care, special adult day care programming for Alzheimer's victims and companion care.

Approximately 23,000 clients are currently served by the Community Care Program. In their lives, and in the lives of their families, the Community Care Program makes a difference. It is clear that, through your continued support and interest in the development, growth and improvement of the Community Care Program, that you, too, share our belief that the Community Care Program makes a difference.

Thank you for the opportunity to share the FY 86 Community Care Program Annual Report with you.

Sincerely,

Janet S. Otwell

Janet S. Otwell
Director

JSO:glw

The Community Care Program makes a difference . . .

The CCP helps "bridge the gap" between what older individuals are able to do for themselves and those activities with which they need assistance. Through the CCP, in-home and other support services are provided to help older people to remain living at home, thereby avoiding premature institutionalization.

The knowledge that a sudden stroke, illness or fall could result in nursing home placement is a very real concern for many older individuals. Interviews with many people in this state clearly establish that a major concern of older people is the fear of losing their highly valued independence. The State of Illinois has made it a priority to help older individuals to maintain their independence for as long as possible through the state funded Community Care Program (CCP).

The Community Care Program makes a difference . . .

What Is the Community Care Program?

Core Services

- chore housekeeping
- homemaker
- adult day care

The Community Care Program serves older persons who, without assistance, cannot perform some tasks basic to everyday life. To a less impaired person, tasks such as grocery shopping, washing hair, paying bills or going in and out of the house may seem simple. But, to the over 22,000 individuals 60 years of age and older served through the program, the assistance they receive from the chore housekeeping, homemaker, and adult day care services makes a difference. Without this assistance, they face the very real possibility of having to leave their homes and to reside in a nursing home. Currently, the CCP offers chore housekeeping, homemaker and adult day care services.

A client who is unable to perform some basic tasks, but can supervise someone to assist her, is best served by chore/housekeeping. Chore workers perform household tasks such as cleaning the kitchen floor or bathroom, preparing meals or washing laundry.

Homemakers serve a more impaired clientele and are involved with personal care — grooming or bathing and more complex household tasks — such as meal planning and household management.

Adult day care services offer clients who cannot be left alone the opportunity to interact with other older people in a supervised setting. Activities such as games, current events classes, and music are provided to offer the participant a full day. Additionally, adult day care can serve the needs of the participant's family who may need respite from caring for the older person or whose work obligations require that the older family member receive supervision through day care. CCP clients, depending on their needs, can receive one, two or all three of the services. In each circumstance, the CCP meets a need that would otherwise go unmet and hence place the client at risk of unnecessary institutionalization.

The Community Care Program makes a difference . . .

Consider the following profile:

Mr. Mc, 86 years old, provided care to his ailing wife, who had a breathing disorder and was unable to regularly leave their home to perform many tasks. He shopped and cleaned for the two of them while she did the hand laundry and prepared light meals. They were proud of their age and their independence. Them Mr. Mc suffered a stroke. He was hospitalized for a month, transferred to a nursing home, where through intensive therapy and sheer determination he was able to learn to function in a wheelchair. Mr. Mc's family learned of the services available through the Community Care Program from a Case Coordination Unit, a community based agency which manages the intake and provides case management for the CCP. A case manager assessed Mr. Mc's condition, evaluated his financial situation and determined him eligible for CCP services. Now a chore worker does the grocery shopping, cleaning and heavy laundry two times a week, while a homemaker assists Mr. Mc with some personal care such as bathing and shaving. Although it is not easy, Mr. and Mrs. Mc are relieved to be able to live together again. The nursing home, though clean and pleasant, was not quite home.

The **Community Care Program** makes a difference . . .

The Community Care Program makes a difference . . .

What Other Services Support The Community Care Program?

Other Services

- Case Management
- Toll-Free Information and Referral
- Nursing Home Prescreening

Case Management

Case Coordination Units (CCUs), community-based agencies, are intake points (or gateways) for help for frail older persons. They receive CCP applications and develop comprehensive service plans for eligible clients. Case managers are aware of the individual's need for assistance and link the individuals to the appropriate services. Case managers monitor service delivery to individual clients and conduct annual assessments to assure that the clients service plan accurately reflects changes in the client's condition. There are 63 CCUs in Illinois.

FY '86 800 Unit Activity

58.0% Information and Referral

2.3% Elder Abuse/ Appeal Related

4.0% Policy Interpretation

2.8% Inquires

6.1% Case Management

26.7% 310 Subsystem

THE 800 UNIT can be a lifeline . . .

The 800 Unit is a centralized toll-free line that links the State of Illinois' aging network. The 800 Unit staff provides information and referral to CCP clients, service providers, Area Agencies on Aging and other state agencies. The number and types of calls handled by the Unit are closely monitored. On an average day, staff can handle an elder abuse call, direct a distraught daughter to a CCU for help for her mother, and answer policy questions. Through the activities of the 800 Unit, the Department has a keen awareness of the impact its programs and policies have statewide.

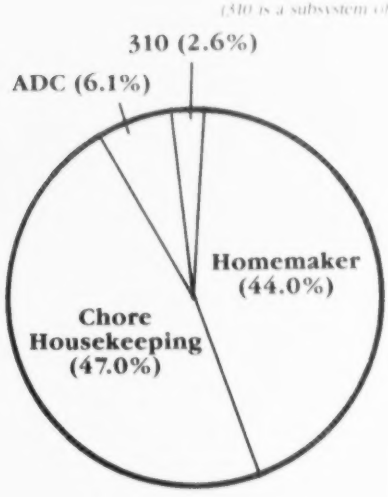
The Community Care Program makes a difference . . .

Nursing Home Prescreening

As a part of its function, the CCU serves as the "gatekeeper" for community-based assistance and nursing home care. Through the nursing home prescreening process, nursing home applicants are assessed by case managers or hospital personnel prior to nursing home entry. The prescreening process assures that, before nursing home entry, they are aware of home care as a possible alternative. During 1986, over 2,793 individuals were diverted from nursing home placement through the prescreening process and approximately 94% of these individuals were **linked** to CCP services.

The **Community Care Program** makes a difference . . .

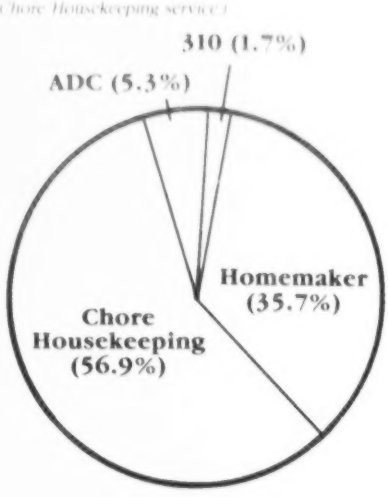
FY 86 Expenditures By Service*



excludes expenditures for demonstration projects.

FY 86 Caseload By Service*

(310 is a subsystem of the Chore Housekeeping service.)



excludes clients in demonstration projects.

The Community Care Program makes a difference . . .

The History Of The Community Care Program

In June 1979, the program was transferred to IDoA with an accompanying mission :

"to develop a program that would prevent premature or unnecessary institutionalization of persons aged 60 or older."

Since 1979, the Community Care Program has evolved from a program serving approximately 3,600 clients to a program serving about 22,000 individuals. Events over the last seven years have transformed the program into one of the largest and most comprehensive in-home services programs in the nation.

The **Community Care Program** makes a difference . . .

Key Events In The Evolution Of The CCP

July, 1981 The demand for CCP services exceeded the amount of available service dollars. A waiting list of nearly 4,000 applicants developed.

June, 1982 A U.S. District Court Order, Benson vs Blaser, ruled that individuals applying for the CCP were entitled to be determined eligible and served in a timely manner. The order transformed the CCP into an entitlement program.

June, 1983 Illinois received approval for a limited Medicaid Waiver. The Waiver allowed Illinois to claim reimbursement for a portion of the costs of serving Medicaid eligible clients in the Community Care Program.

Case Coordination Units (CCUs) were developed statewide as the intake point for the CCP. CCUs conduct needs assessments, eligibility determination and authorization for CCP services. Nursing home prescreening (NHP) began as a service to inform clients and their families of care alternatives for the impaired older person prior to nursing home placement.

The Community Care Program makes a difference . . .

Key Events In The Making

Research Projects

In addition to testing new services, the Department participates in research related to the delivery of services for the elderly. Research ventures can be focused on ways to improve the existing programs and services such as:

- how to select high quality services
- the impact of paying fees for services
- uniformity of the assessment process

Other research directions can be more global and related to issues such as paying family caregivers or offering new services.

Commitment To High Quality Service

Quality Assurance Program

During FY 86 the Department focused on the importance of selecting qualified in-home service agencies to serve CCP clients. The Department, with the assistance of the Governor-appointed task force on procurement, spent the past year revising the current contracting process to further assure that high quality service vendors are selected. The recommendations of the Task Force will be incorporated during the next contracting cycle.

Emphasis On Training

An emphasis on increased field presence and comprehensive training characterized FY 86. Area Agency staff, case managers, service providers and other aging professionals were trained extensively on care planning, assessment, nursing home prescreening and CCP rules, policies and procedures.

The Community Care Program makes a difference . . .

Case Management Standards

As Case Coordination Units approach their fourth year of operation, both Department and Area Agencies on Aging are concerned with developing case management standards. The standardization of caseload sizes and the qualifications of case managers are key areas to be examined.

CCP Rules

The rules governing the CCP are also being revised in order to assure that they promote the highest level of service quality. The revised rules will reflect the addition of new services, changes in the contracting process and an increase in the training requirements for direct service workers. This emphasis on quality reinforces the Department's commitment to the seniors served through the CCP.

The **Community Care Program** makes a difference . . .

Demonstration Projects

The older individuals served through the CCP have a variety of needs. The Department attempts to **identify** and **respond** to the dynamic needs of the elderly population by testing new services on a demonstration basis and by participating in research. Some of the most critical needs of older individuals in this State include:

- special programming for victims of Alzheimer's Disease
- skilled nursing and home health care
- companion and supervision services

The Community Care Program makes a difference . . .

Alzheimer's Disease

In the Spring of 1985, the General Assembly passed a package of legislation designed to assist Alzheimer's victims and their families. An estimated 111,000 Illinoisans suffer from Alzheimer's Disease. Since many of these victims are older individuals, the Department is active in implementing the legislation. A Department-level Alzheimer's Task Force was established; a Statewide Conference was planned; and special training and programming for adult daycare centers serving Alzheimer's victims was provided.

Fourteen adult day care programs throughout Illinois received special grants to develop activities and to conduct assessments designed specifically to better serve the Alzheimer's population. Feedback from adult day care staff and family members familiar with this project has been very positive. Plans are under consideration to offer incentives to additional day cares in the State to provide these services in the coming year.

Home Health and Skilled Nursing Care

Since FY 85, four demonstration projects offering skilled nursing and home health aide to CCP clients have been operating in the State. The effect of Diagnostic Related Groups (DRGs), which shortens the amount of recuperation time in a hospital combined with the limitations of Medicare and private insurance home care coverage led the Department to offer these services on a pilot basis. Based on the demonstrated need for these services, the Department will fund additional sites in the coming year. The Department will continue to monitor the progress of the demonstration projects and to look at ways to incorporate home health services as an integral part of the CCP.

The **Community Care Program** makes a difference . . .

The Community Care Program makes a difference . . .

Senior Companion Program

Many of the clients served through the CCP have limited contact with the outside world due to mental confusion or physical impairment. The Department recognizes the importance of the need for socialization and supervision and has funded senior companion services in the Belleville and Suburban Cook County areas of the state.

Low income well seniors are recruited, trained and paid stipends to visit and provide companionship to CCP clients. The program serves both groups of older persons — the senior companion can earn extra money, the CCP client is less isolated — and both individuals have the opportunity to relate to a person of their own generation.

In the coming year, the Department plans to expand this program into three more areas of the state and into the City of Chicago on a limited basis.

The Year Ahead

FY 87 promises to be a challenging year in the Illinois Aging Network. The changes proposed by the Department related to improved service quality and the new services offered through the demonstration projects will mark FY 87 as yet another year of change, and of growth.

Approximately $80.3 million was appropriated by the General Assembly to serve an estimated 26,000 individuals monthly clearly demonstrating that . . .

The **Community Care Program**
will continue to make a difference . . .

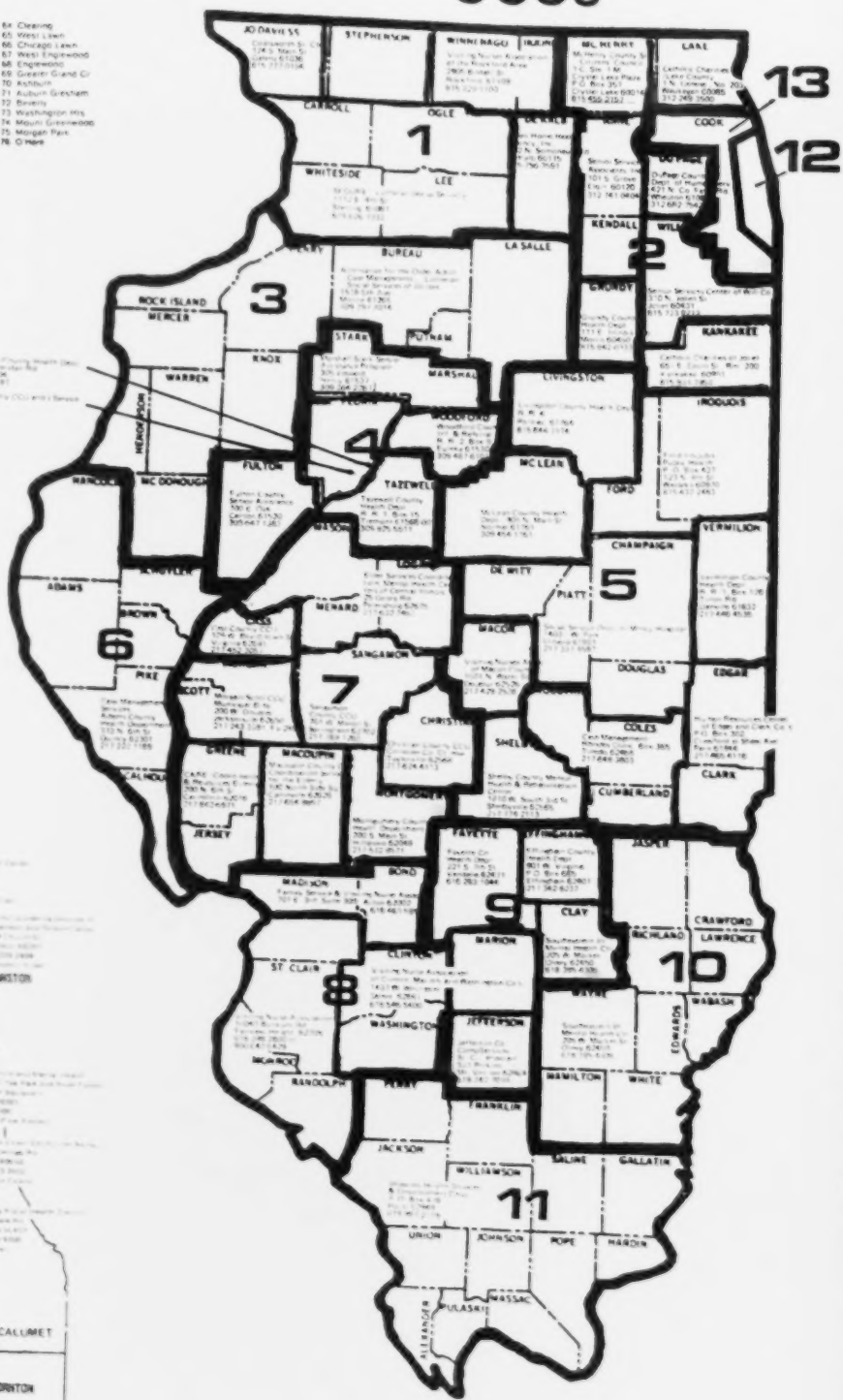
Who Is Eligible For CCP Services?

- **Age 60 Plus**
- **U.S. Citizen**
- **Non-Exempt Assets of $10,000 or Less** (Non-exempt does not include home, car or personal furnishings.)
- **Resident of Illinois**
- **Assessed need for Long-Term Care**

To apply for CCP services, contact your local CCU. For the CCU in your area, refer to the map.

Planning and Service Areas in Illinois

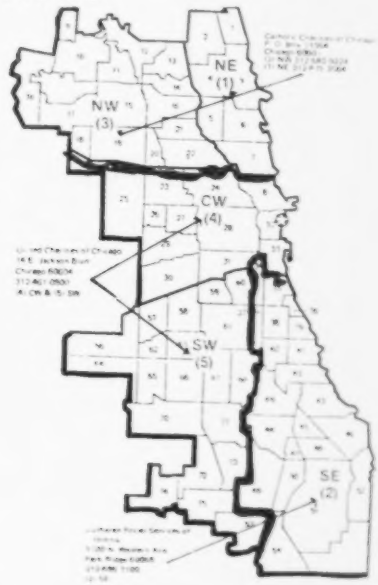
CCUs



Community Area Names

1 Rogers Park	16 Albany Park	27 East Garfield Pk	40 Washington Pk	52 East Side	64 Clearing
2 West Ridge	15 Portage Park	28 Near West Side	41 Hyde Park	53 West Pullman	65 West Lawn
3 Uptown	16 Irving Park	29 North Lawndale	42 Woodlawn	54 Riverdale	66 Chicago Lawn
4 Lincoln Square	17 Dunning	30 South Lawndale	43 South Shore	55 Hegewisch	67 West Englewood
5 North Center	18 Montclare	31 Lower West Side	44 Chatham	56 Garfield Ridge	68 Englewood
6 Lake View	19 Belmont Cragin	32 Loop	45 Avalon Park	57 Archer Heights	69 Greater Grand Cr
7 Lincoln Park	20 Hermosa	33 Near South Side	46 South Chicago	58 Brighton Park	70 Ashburn
8 Near North Side	21 Avondale	34 Armour Square	47 Burnside	59 McKinley Park	71 Auburn Gresham
9 Edison Park	22 Logan Square	35 Douglas	48 Calumet Heights	60 Bridgeport	72 Beverly
10 Norwood Park	23 Humboldt Park	36 Oakland	49 Roseland	61 New City	73 Washington Hts
11 Jefferson Park	24 West Town	37 Fuller Park	50 Pullman	62 West Elsdon	74 Mount Greenwood
12 Forest Glen	25 Austin	38 Grand Blvd	51 South Deering	63 Gage Park	75 Morgan Park
13 North Park	26 West Garfield Pk	39 Kenwood			76 O Hare

City of Chicago



Suburban Cook County

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Field Office:
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3. Western Illinois Area Agency on Aging, Inc.
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309/793-6800, 800/322-1051

4. Central Illinois Agency on Aging, Inc.
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5. East Central Illinois Area Agency on Aging, Inc.
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309/829-2065
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6. West Central Illinois Area Agency on Aging
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Information and Referral No. 217/224-3535

7. Project LIFE Area Agency on Aging, Inc.
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Springfield, Illinois 62702
217/787-9234
Information and Referral Number:
800/252-2918

8. Southwestern Illinois Area Agency on Aging
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618/632-1323
Information and Referral Number:
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9. Midland Area Agency on Aging
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Centralia, Illinois 62801
618/532-1853
Information and Referral Number:
618/548-5400

10. Southeastern Illinois Area Agency on Aging, Inc.
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618/262-8001 Information and Referral Number:
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11. Egyptian Area Agency on Aging, Inc.
George Everingham, Director
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Carterville, Illinois 62918 Information and Referral Number:
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13. Suburban Cook County Area Agency on Aging
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Chicago, Illinois 60606
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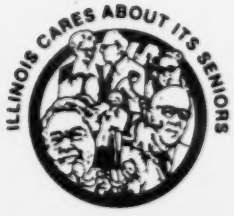

The Illinois Department on Aging

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